



LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV MEETING MINUTES June 9, 2011

APPROVED
7/14/2011

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Stephen Simon	Arluun Abassian	Kyle Baker
Michael Johnson, <i>Co-Chair</i>	Robert Sotomayor	H. Avilez	Carlos Vega-Matos
Sergio Aviña	Tonya Washington-Hendricks	Manny Awowole	Juhua Wu
Al Ballesteros	Fariba Younai	Michelle Bautista	
Robert Butler		Derrick Butler	
Nettie DeAugustine		Denishia Clark	
Whitney Engeran-Cordova	MEMBERS ABSENT	Zoyla Cruz	COMMISSION STAFF/CONSULTANTS
Douglas Frye	Anthony Braswell	Susan Forrest	Erinn Cortez
David Giugni	Fredy Ceja	Aaron Fox	Dawn McClendon
Jeffrey Goodman	Quentin O'Brien	Shawn Griffin	Jane Nachazel
Joseph Green	Kathy Watt	Eric Gutierrez	Glenda Pinney
Thelma James		Tim Hughes	James Stewart
Lee Kochems		Miki Jackson	Craig Vincent-Jones
Bradley Land		Ayanna Kiburi (<i>by phone</i>)	Nicole Werner
Ted Liso/James Chud		Joseph Leahy	
Anna Long		Kevin Lewis	
Abad Lopez		Mary Madrigal	
Elizabeth Mendia		Ingrid Marchus	
Jenny O'Malley		Kietz Mutepefa	
Alberto Orozco		Maryanda Nicole	
Dean Page/Terry Goddard		Nijideko Obijizien	
Angélica Palmeros		Michelle Roland (<i>by phone</i>)	
Mario Pérez		Ken Senda	
Karen Peterson		Tzeli Triantafillon	
Juan Rivera		Jason Wise	

1. **CALL TO ORDER:** Mr. Johnson called the meeting to order at 9:10 am.
 - A. **Roll Call (Present):** Aviña, Ballesteros, Giugni, Green, James, Johnson, Kochems, Liso, Long, Lopez, Mendia, O'Malley, Orozco, Page, Peterson, Rivera, Simon, Washington-Hendricks
2. **APPROVAL OF AGENDA:**
 - MOTION 1:** Approve Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
 - MOTION 2:** Approve minutes from the 5/12/2011 Commission on HIV meeting (*Passed by Consensus*).

4. CONSENT CALENDAR:

MOTION 3: Approve the Consent Calendar with Motions 4 and 7 pulled for later consideration (*Passed by Consensus; 1 Abstention, Motions 6 and 9*).

5. PARLIAMENTARY TRAINING: There was no training.

6. PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP: There were no comments.

7. COMMISSION COMMENT, NON-AGENDIZED OR FOLLOW-UP: There were no comments.

8. CO-CHAIRS' REPORT: Mr. Johnson reported Dr. Mitchell Katz, Director, Department of Health Services (DHS), agreed to speak at a future Commission meeting—perhaps in July or August depending on his schedule. He also noted DHS contracts regarding the expansion of Medicaid through 2013 have gone to the Board.

9. EXECUTIVE DIRECTOR'S REPORT: There was no report.

10. STATE OFFICE OF AIDS (OA) REPORT:

A. Office of AIDS Work/Information:

- 1. Governor's FY 2011-2012 May Revise:** Dr. Roland reported the CARE/HIPP and expansion and payment of PCIP premiums was included in the May Revise. While OA had hoped to initiate the PCIP premium payment program (called OA-PCIP) on 7/1/2011, it is still working out the details with the Managed Risk Medical Insurance Board (MRMIB). OA continues to accept community input.
- 2. Miscellaneous:**
 - Ms. Kiburi, Chief, HIV Care Branch, reported OA is working on Early Intervention for Individuals with HIV/AIDS (EIIHA). OA will be coordinating with the California Conference of Local AIDS Directors (CCLAD) at a 6/15/2011 meeting and is developing a survey to identify what Parts A and B contractors are doing.
 - OA has also distributed a memorandum to contractors on the HAB quality indicators. Contractors will be measured on these indicators, but OA will provide Technical Assistance (TA) to assist them.
 - OA has received 48% of its Part B award. The date for the remainder is unknown, but a 0.2% rescission is expected.
 - OA has not received specific prevention health department funding announcement (FOA) information from CDC, but expects it will reflect programs such as Enhanced Comprehensive HIV Prevention Planning (ECHPP) and Testing and Linkage to Care Plus (TLC+).
 - OA will apply in a few days for small supplemental surveillance grants to enhance laboratory reporting and ensure commensurate confidentiality and security standards for co-morbidity data such as that for TB and STDs so that data can be shared.
 - The HCR webinar is posted on the website including presentations. There were speakers from the Centers for Medicare and Medicaid Services (CMS), Office of National AIDS Policy (ONAP) and other government entities on HIV and primary care, the insurance exchange, and managed care. Notes and Q/A will also be posted after speaker review.
 - Mr. Ballesteros asked about Low Income Health Program (LIHP) eligibility. Dr. Roland replied counties may cover up to 200% Federal Poverty Level (FPL).
 - Mr. Johnson noted the only current managed care plan with specific HIV expertise is AIDS Healthcare Foundation (AHF). He asked about strategies to help other plans develop expertise. Dr. Roland replied OA is emphasizing provider input partly for that reason, but felt Ryan White (RW) providers should transition to Medicaid to be viable after 2014.

B. California Planning Group (CPG):

- Mr. Goodman reported the CPG met a few weeks prior via webinar. They re-grouped due to work flow changes for the Comprehensive Care, Prevention and Surveillance Plan. The State received an extension, so submission will likely be after 12/2011.
- The CPG is reviewing epidemiological profiles and community needs assessments regardless of funding. They are also selecting priority populations and interventions. Input is welcome via the website.

11. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- A. FY 2011 Part A Award:** Mr. Pérez reported there will likely be no word on the Part A award until July.
- B. Miscellaneous:**
- Mr. Pérez, Director, noted there was a handout on the resource table with information on Benefits Specialty.
 - OAPP received a Harvard Law School a 44-page report on improved HIV response among Latinos. Two pages of recommendations focus on: public health structure, reduced funding, access, integration of services and organizations, and late testing. OAPP will initiate a program 7/1/2011 to increase the number of tests and to increase the rate of identifying positives.
 - Mr. Land asked about NCC funding for STD testing. Mr. Pérez replied there are two relevant Board letters. One continues STD program support, largely to AHF and the Los Angeles Gay and Lesbian Center (LAGLC), for high volume testing programs. The other addresses the high volume of people presenting for an HIV test with or at high-risk of an STD. The goal of the latter program is to target areas of the County with high co-morbidity rates, since STD treatment lowers HIV risk.

12. HIV EPIDEMIOLOGY PROGRAM (HEP) REPORT:

- Dr. Frye, Director, reported there are now 42,000 HIV/AIDS cases reported with less than 5,000 pending. Funding has increased sufficiently to allow HEP to initiate hiring a Public Health Investigator and one other staff to further speed work.
- HEP currently does work covered in the CDC supplemental grants. The grants are labor intensive, so HEP will not apply.
- Dr. Frye noted there have been more data requests lately. He urged people to make requests early to allow sufficient time.

13. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Mr. Giugni reported the PPC heard OAPP presentations at its 6/2/2011 meeting from Dr. Michael Green, Chief, Planning Division, on ECHPP and from Sophia Rumanes, Chief, Prevention Services Division, on the 6/27-7/3/2011 HIV Testing Week.
- Ms. Watt was elected Community Co-Chair. Terry Smith continues as the other Community Co-Chair.
- Messrs. Fox and Goodman were approved as PPC members.

15. TASK FORCE REPORTS:

- A. Community Task Forces:** There were no reports.
- B. Commission/PPC Integration Task Force (CPITF):** The last meeting was cancelled, but a half-day TLC+ meeting is planned.
- C. Comprehensive Care Planning Task Force (CCPTF):** HRSA just released new guidance much of which pertains to integration of care and prevention. Consequently, there will be an extra CCPTF meeting 6/14/2011 to discuss a joint Commission/PPC meeting on the subject.
- D. Health Care Reform Task Force (HCRTF):** Briefs on an HCR overview and on related P&P guidance are being developed.

16. HEALTH CARE/BRIDGE TO REFORM DISCUSSION:

- Mr. Vincent-Jones reported that a recent conference call addressed issues around moving clients into LIHPs as well as similar managed care plan challenges. Mr. Johnson noted contracts are not yet finalized. Discussions continue on challenges for the HIV+ population. Mr. Vincent-Jones noted it was originally thought LIHP clients could still use ADAP, but HRSA has said they cannot. That undermines the financial modeling for PWH migration into the local LIHP.
- Mr. Fox noted confusion as counties have different programs and eligibility. LIHP is an early expansion of Medicaid based solely on income, but funding is limited. Mr. Johnson said Los Angeles County has set eligibility at or below 133% FPL, aged 19-64, and a U.S. citizen or legal resident for five or more years. The County plans to enroll up to 130,000 in Healthy Way LA through DHS.
- Mr. Ballesteros felt PWH would not move into LIHPs due to lack of medication coverage. He felt it would be good for high-risk populations such as gay/bisexual men since primary medical care has been shown to reduce risk. He noted some clinics are experienced with the LGBT population, but others would benefit by LGBT sensitivity TA.
- Mr. Vincent-Jones said he understood from a Medicaid representative that a PWH eligible for LIHP must use it before RW since RW is the payer of last resort. If so, that could result in all income-eligible PWH moving into the LIHP, which would be responsible for the cost of medications (not ADAP). Dr. Roland replied that has been said, but OA continues to seek

flexibility. Mr. Vincent-Jones added that if it proves to be true, there is a possibility that DHS may have to re-adjust its financial calculations and enrollment availability.

- Ms. Palmeros reported multiple Medi-Cal denials in clinics. She has been unable to get reasons for them. Mr. Vega-Matos reported OAPP is investigating similar complaints from five benefits specialist and medical providers.
- Mr. Johnson said DHS is offering a training, "Ability to Pay Screening," on eligibility for LHPs to support implementation.
- Mr. Chud noted Medi-Cal routinely sends a letter denying eligibility even when the problem is minor. These may be fixed with a phone call. Often, however, the letter's tone frightens people and they lose benefits because they do not follow-up.
- ➡ OAPP will report on their eligibility training for case workers and the Commission will invite Larry Gatton, Director, Finance, DHS, or a representative to present on eligibility issues.

17. CAUCUS REPORTS:

- A. **Consumer Caucus:** Mr. Liso noted the next Consumer Caucus meeting will be 6/23/2011 at 12:00 noon. The Caucus continues to discuss Dr. Katz' editorial on the shift from specialist to primary care for PWH.

1. **Pol. #08.1306: Adherence to HIPAA Principles:**

- Mr. Vincent-Jones reported there is now a real difference between HIPAA certification and training which was not the case previously. Consequently, the policy has been changed to reflect a Commissioner training requirement on HIPAA, but not certification. Commissioners, however, can submit HIPAA certification obtained through their work as a substitute for the training requirement. Online basic training options will be included in the policy for those who do not otherwise have access to HIPAA training.
- The original policy said that the Commission was not a "covered entity," but feedback was that point was not clear enough. As a result, the language was strengthened, and content was shifted from "compliance with HIPAA" to "adherence to HIPAA principles"—which reflects that Commission is not technically covered by HIPAA, but should adhere to the intent of HIPAA when circumstances dictate it.
- The Commission occasionally collects "Protected Health Information" (PHI) e.g., for the Los Angeles Countywide Needs Assessment (LACHNA), which is presented as aggregate data. Subcontractors have, in the past, collected that data, but the Commission is responsible for their actions so the Commission assumes responsibility for adhering to the rules and requirements of HIPAA when its activities parallel those activities that require HIPAA compliance in covered entities.
- Revised language in the policy indicates that consumer information required for membership or organizational purposes is not PHI, but should be treated consistent with adherence to HIPAA principles and is covered by the Commission consumer definition and roles policy approved the past month.
- Both the HIPAA policy approved at the May meeting and the revised language was in the packet. Mr. Vincent-Jones recommended opening the policy for public comment for a month rather than voting on it at this meeting, as there was no urgency and he had received some late public comment that he had not been able to incorporate.

MOTION 4: Approve revisions to Policy/Procedure #08.1306 [Adherence to the Principles of the Health Insurance Portability and Accountability Act (HIPAA)], as presented (**Withdrawn**).

MOTION 4A (Land/Johnson): Keep Policy/Procedure #08.1306 [Adherence to the Principles of the Health Insurance Portability and Accountability Act (HIPAA)] open for public comment until 6/30/2011 (**Passed by Consensus**).

2. **HIV Services Roundtables:** Mr. Liso reported the next Roundtable will be for SPAs 4/5 on 6/29/2011, 5:30 to 9:00 pm, Plummer Park, West Hollywood. Flyers will go out shortly. Call Ms. Werner at 213.639.6713 to RSVP or to request help with consumer transportation. Planning is also underway for the SPA 7 Roundtable on 8/4/2011.

B. **Latino Caucus:**

1. **Latino Caucus FY 2011 Work Plan:** Mr. Aviña noted that formation of the Latino Caucus and approval of its work plan was passed on the Consent Calendar. It includes recommendations from the Caucus' predecessor, the PPC Latino Task Force, as well as Caucus recommendations.

MOTION 5: Approve the formation of the Latino Caucus and its FY 2011 Work Plan, as presented (**Passed as part of the Consent Calendar**).

18. STANDING COMMITTEE REPORTS:

- A. **Priorities & Planning (P&P) Committee:** Mr. Ballesteros reported P&P will revisit this year's allocations once the award is received. P&P continues to work on FY 2012 priorities and allocations.

1. **FY 2009 Service Utilization Report:**

- Mr. Vega-Matos provided an overview of the report based on Casewatch data March 2009 through February 2010.
- There are 63,000-65,000 PLWH/A, of which 24,845 are PLWA as of 12/31/2009, an estimated 25,000 are PLWH and an estimated 13,000 are undiagnosed.
- 18,545 PLWH/A, or 39% of those in the County, accessed OAPP-funded services. Of those, 14,875 had at least one medical visit. 1,779 clients were new, of which 67% accessed medical care. 1,124 clients returned to care.
- RW clients are: 83.6%, male; 14.6%, female; 1.8%, transgender; and less than 0.1% other/unknown.
- By race/ethnicity, they are: 47.9%, Latino; 24.9%, white; 23.1%, African-American; 3.2%, Asian/Pacific Islander; 0.5%, Native American; and 0.4%, other/unknown.
- The age of those with HIV/AIDS is maturing with: 39.3%, 40-49; 26.1%, 50 or older; 24.5%, 30-39; 7.2%, 25-29; 3.2%, 19-24; and 0.8%, 18 or younger.
- The trend since 2007 is toward increased clients with no insurance. In 2009, primary medical insurance status for RW clients was: 61.2%, no insurance; 30.6%, public; 5.4%, private; 1.7%, other; and 1.1%, unknown.
- RW clients are also poor with: 64.4%, equal to or below 100% FPL; 26.0%, 101-200% FPL; 6.0%, 201-300% FPL; 2.2%, 301-400% FPL; 1.2%, 400% or greater FPL; and 0.2%, unknown. RW clients who were homeless accounted for: 6.9% in 2007, 8.0% in 2008, and 6.2% in 2009.
- Key homeless and recently incarcerated data by race/ethnicity is: African-Americans—35.5% homeless and 45.5% recently incarcerated; Latinos—31.6% homeless and 29.3% recently incarcerated; white—28.8% homeless and 22.8% recently incarcerated; with remaining populations at 2.1% or less for both criteria.
- Mr. Vega-Matos noted that low service utilization rates do not necessarily reflect poor access, as many clients access non-RW services, e.g., for substance abuse and hospice.
- Mr. Vincent-Jones complimented the data, and recommended that a parallel set of data for the undocumented would aid planning for the future when the undocumented population becomes more prevalent, e.g., to see if the service mix is different. Ms. Wu replied that OAPP cannot identify the undocumented per se, and uses a proxy or surrogate data. While some estimates were done for the 1115 Waiver, they are not by service category.
- Mr. Engeran-Cordova expressed concern about identifying the undocumented through data. Mr. Vincent-Jones agreed with the need for sensitivity, but responded that a better understanding of the population's service utilization patterns will be needed in the future.
- Mr. Engeran-Cordova noted the percentage of psychosocial and medical Case Management combined was about a third, which seemed low. Mr. Vega-Matos said data has been consistent for the last few years. It is based on acuity. Estimates were also developed for the Medical Care Coordination (MCC) model which will initially screen all clients. The higher acuity clients needing active case management are estimated to be 4,000 based on viral load, CD4 counts and parameters such as the newly diagnosed, those with intermittent care, and those failing to thrive.
- Refer question of types and availability of data on the undocumented to P&P in collaboration with OAPP.
- Mr. Vega-Matos will follow-up on Mr. Rivera's comment that case managers are told to enter all 9s if there is no Social Security number.

B. Standards of Care (SOC) Committee:

1. **Pol. #05.8001: Grievance Process:** This item was postponed.
2. **Medication Assistance Standard of Care:** Dr. Younai noted this combines the previous ADAP Enrollment and Local Pharmacy Program/Drug Reimbursement standards with few changes. It is open for public comment until 6/30/2011.

C. Joint Public Policy (JPP) Committee: Mr. Butler noted AB 43, 714, 792, 1296 and SB 677 are all technical bills to facilitate HCR enactment. JPP agreed to watch them in general for anything unusual, but not to follow them in detail.

1. **State FY 2011-2012 Budget:** Mr. Simon noted there is no programmatic impact to ADAP and CARE/HIPP and PCIP expansion is moving forward. A State budget gap remains, so it is important to remain alert.
2. **Federal FY 2010-2011 Budget:** HOPWA and ADAP were increased with the rest of HIV-related funding stable. Minor decreases to Part A are expected.

3. **AB 96 (Blumenfield), Adult Day Health Care (ADHC):** Mr. Butler noted this bill was added to the docket as an emergency measure to replace ADHC, which has already been eliminated in the State budget.

MOTION 6: Support AB 96 (Blumenfield), Adult Day Health Care, and forward recommended position to the CEO, Board of Supervisors and relevant departments (**Passed as part of the Consent Calendar; 1 Abstention**).

4. **AB 491 (Portantino), HIV Testing:**

- Mr. Simon noted the bill was originally intended to remove regulatory barriers to testing by clarifying language, e.g., "HIV counselor" has been added to "medical provider" to facilitate testing in community settings.

- Mr. Giugni asked why it replaces written with verbal informed consent and how the latter is noted. Mr. Engeran-Cordova said the intention is to replace written consent with laws that apply to simple consent, e.g., professional certification. Files are not generally created for HIV- persons, but providers may use written consent if they prefer.
- He added that the bill clarifies procedures. For example, if someone enters Out of the Closet and requests an HIV test, no other consent is needed, but written consent is now required if the person is shopping and asked if s/he would like a test. The bill would allow both under simple consent, which is the standard for other diagnostic tests.

MOTION 7: Support AB 491 (Portantino), HIV Testing, and forward recommended position to the CEO, Board of Supervisors and relevant departments (**Passed: 22 Ayes; 1 Opposed; 1 Abstention**).

5. **AB 499 (Atkins/Ma), Minors; Medical Care; Consent:** There was no discussion.

MOTION 8: Support AB 499: Minors; Medical Care; Consent (Atkins/Ma), and forward recommended position to the CEO, Board of Supervisors and relevant departments (**Passed as part of the Consent Calendar**).

6. **AB 1327 (Portantino), Medi-Cal Services:**

- Mr. Engeran-Cordova noted all bills such as this one that meet a trigger dollar amount begin on suspense in the Appropriations Committee and must be removed for further action. Efforts to move the bill continue.
- Mr. Butler clarified that the bill originally provided a reimbursement rate for HIV services for all managed care plans, but was amended in the Health Committee to limit the rate to the one current HIV managed care plan, AIDS Healthcare Foundation (AHF). The change was not consistent with AHF's intent for the bill.
- Mr. Vincent-Jones said JPP sought to encourage the County to support moving the bill. While the bill is valuable even with the amendment, it is most impactful to take the specific position desired. Mr. Goodman felt that the current language is still impactful and should be supported. Mr. Johnson added that the transition of many RW providers into a managed care system depends on their financial ability to survive in a managed capitated environment. There are many issues with such a transition, but a better rate is critical.

MOTION 9: Support AB 1327 (Portantino), Medi-Cal Services, if amended to reflect original language, and forward recommended position to the CEO, Board of Supervisors and other relevant departments (**Passed as part of the Consent Calendar; 1 Abstention**).

- D. **Operations Committee:** Ms. O'Malley noted Operations is interviewing for several vacancies.

1. **Pol. #09.4205 (Commission Membership Evaluation and Nomination Process):** There was no discussion.

MOTION 10: Approve revisions to Policy/Procedure #09.4205 (Commission Membership Evaluation and Nomination Process), as presented (**Passed as part of the Consent Calendar**).

2. **Pol. #09.4204 (Candidate Interviews):** There was no discussion.

MOTION 11: Approve revisions to Policy/Procedure #09.4204 (Commission Candidate Interviews), as presented (**Passed as part of the Consent Calendar**).

3. **Pol. #09.4203: Membership Applications:** This was opened for public comment until 6/30/2011.

4. **Commission New Member Orientation:** Orientation was scheduled to begin 30 minutes after the Commission meeting.

19. **PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:** There were no reports.

20. **SPA/DISTRICT REPORTS:**

- Mr. Lopez reported SPA 2 meets on the first Tuesday of the month, 2:00 to 4:00 pm, Valley Community Clinic. Speakers at this month's meeting were Dr. Michael Gottlieb on 30 years of AIDS and Joseph Leahy on a new group.
- Ms. Washington-Hendricks said nominations will open 6/14/2011 for Sharon White's SPA 6 Co-Chair seat. There will also be nominations for other seats as several people plan to relinquish leadership positions while remaining as general members.
- Mr. Johnson noted Dr. Gottlieb will also speak in SPA 8 at La Traviata, 6/14/2011, on selection of a protease inhibitor. Contact Ms. DeAugustine or Cheryl Barrit, Department of Health and Human Services, City of Long Beach, for information.

21. **COMMISSION COMMENT:** There were no comments.

22. **ANNOUNCEMENTS:**

- The Black AIDS Institute will present Phill Wilson on 30 years of AIDS and the state of AIDS in the African-American community on 6/24/2011 at Keck Hall, Drew University.

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- Mr. Engeran-Cordova noted the International AIDS Conference will be in Washington, D.C. next year. AHF is working with some 600 organizations worldwide for a march the prior Sunday with the theme "U.S.: Keep the Promise" to US and international PWH. AHF is seeking partners domestically. It will offer agency and individual scholarships and assistance.
- Ms. James announced JWCH will have three events for National HIV Testing Week. The Bingo Night Extravaganza highlights the new JWCH Ladies of Diversity Program. Flyers were on the resource table.

23. ADJOURNMENT: Mr. Johnson adjourned the meeting at 12:20 pm.

A. Roll Call (Present): Aviña, Bailey, Ballesteros, Butler, Engeran-Cordova, Giugni, Goddard, Goodman, Green, James, Johnson, Kochems, Land, Liso/Chud, Long, Lopez, O'Malley, Orozco, Palmeros, Pérez, Peterson, Rivera, Simon, Sotomayor, Washington-Hendricks, Younai

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MOTION AND VOTING SUMMARY		
MOTION 1: Approve Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve minutes from the 5/12/2011 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 3: Approve the Consent Calendar with Motions 4 and 7 pulled.	<i>Passed by Consensus</i> <i>Abstention:</i> Long, Motions 6 and 9	MOTION PASSED Abstention: 1, Motions 6 and 9
MOTION 4: Approve revisions to Policy/Procedure #08.1306 [Adherence to the Principles of the Health Insurance Portability and Accountability Act (HIPAA)], as presented.	<i>Withdrawn</i>	MOTION WITHDRAWN
MOTION 4A (Land/Johnson): Keep Policy/Procedure #08.1306 [Adherence to the Principles of the Health Insurance Portability and Accountability Act (HIPAA)] open for public comment until 6/30/2011.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 5: Approve the formation of the Latino Caucus and its FY 2011 Work Plan, as presented.	<i>Passed as part of the Consent Calendar</i>	MOTION PASSED
MOTION 6: Support AB 96 (Blumenfield), Adult Day Health Care, and forward recommended position to the CEO, Board of Supervisors and relevant departments.	<i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long	MOTION PASSED Abstention: 1
MOTION 7: Support AB 491 (Portantino), HIV Testing, and forward recommended position to the CEO, Board of Supervisors and relevant departments.	<i>Ayes:</i> Aviña, Ballesteros, Butler, Engeran-Cordova, Green, Goddard, Goodman, James, Johnson, Kochems, Land, Liso, Lopez, O'Malley, Orozco, Palmeros, Peterson, Rivera, Simon, Sotomayor, Washington-Hendricks, Younai <i>Opposed:</i> Giugni <i>Abstention:</i> Long	MOTION PASSED Ayes: 22 Opposed: 1 Abstention: 1
MOTION 8: Support AB 499 (Atkins/Ma), Minors; Medical Care; Consent, and forward recommended position to the CEO, Board of Supervisors and relevant departments.	<i>Passed as part of the Consent Calendar</i>	MOTION PASSED
MOTION 9: Support AB 1327 (Portantino), Medi-Cal Services, if amended to reflect original language, and forward recommended position to the CEO, Board of Supervisors and other relevant departments.	<i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long	MOTION PASSED Abstention: 1
MOTION 10: Approve revisions to Policy/Procedure #09.4205 (Commission Membership Evaluation and Nomination Process), as presented.	<i>Passed as part of the Consent Calendar</i>	MOTION PASSED
MOTION 11: Approve revisions to Policy/Procedure #09.4204 (Commission Candidate Interviews), as presented.	<i>Passed as part of the Consent Calendar</i>	MOTION PASSED